



WILLIAM T FUJIOKA
Chief Executive Officer

County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

April 18, 2014

To: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

REVIEW OF BLUE RIBBON COMMISSION'S PRELIMINARY RECOMMENDATIONS

On June 25, 2013, your Board approved a motion by Supervisor Mark Ridley-Thomas and Supervisor Michael D. Antonovich to create a Blue Ribbon Commission (BRC) on Child Protection. The BRC was tasked with providing comprehensive recommendations that would reform the County's child protection system and improve child safety. Soon after, two members were appointed by each Supervisor to serve on the BRC. The Board directed the BRC to review: 1) previously failed efforts to implement reforms; 2) the systemic, structural, and organizational barriers to effective performance (related to all relevant departments and agencies); and 3) child protection failures, including the Department of Children and Family Services' policies and cases.

On December 30, 2013, the BRC provided the Board with an Interim Report that outlined ten preliminary recommendations for improving child safety. On February 4, 2014, the Board directed the Chief Executive Officer (CEO), with the cooperation of relevant departments and County Counsel, to conduct a feasibility analysis on these ten preliminary recommendations contained in the BRC Interim Report.

In response, the CEO worked with relevant departments to conduct an analysis on the feasibility and cost to implement each of the ten preliminary BRC recommendations. The attached report reviews each of the BRC's preliminary recommendations focused on the following areas for reform: 1) Accountability; 2) Law Enforcement; and 3) Health Services.

"To Enrich Lives Through Effective And Caring Service"

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This report responds to the recommendations as outlined in the Interim BRC Report and the final report will have additional recommendations for your Board's consideration. To ensure that we stay focused on Child Safety as the top priority within the Child Welfare System; it is prudent for the County to comprehensively determine its child protection priorities and their funding implications, understanding the complexities and interdependency of each recommendation. For example, this Board memo responds to specific recommendations for Public Health Nurse involvement, as well as pre-screening and ongoing care at the DHS Medical Hubs for children ages one and under during the investigation phase. While the implementation of these recommendations individually makes sense; collectively, DCFS will need to determine the appropriate intersection of these medical professionals within the Child Welfare system to ensure there are no duplication of efforts and that roles and responsibilities are clearly outlined.

DCFS has also updated their Strategic Plan and has identified a myriad of Child Safety initiatives. It is prudent for the County to examine all of the existing and proposed recommendations and develop one comprehensive Strategic Plan upon which the Board of Supervisors could base the blueprint for improving Child Safety; with a clear and sustainable mechanism for tracking performance goals and outcomes.

If you have any questions, please contact Antonia Jiménez at ajimenez@ceo.lacounty.gov, or at (213) 974-7365.

WTF:AJ:DS
VD:ljp

Attachments (3)

- c: Executive Office, Board of Supervisors
- County Counsel
- Children and Family Services
- District Attorney
- Health Services
- Mental Health
- Public Health
- Sheriff
- First 5 LA
- Interagency Council for Child Abuse and Neglect

BRC Interim Review.bm-4-18-14 FINAL

Attachment I

Review of Blue Ribbon Commission's Preliminary Recommendations

Review of Blue Ribbon Commission's Preliminary Recommendations

ACCOUNTABILITY

- **BRC Recommendation 1** – *All previous recommendations undergoing implementation* by DCFS should be **reviewed and prioritized** to ensure that implementation will improve child safety and/or contribute to the effectiveness of DCFS' mission.

Since 2008, DCFS has received more than 821 recommendations focused on child safety, permanency and access to effective and caring services. In January 2014, DCFS categorized the 821 recommendations into three categories: 1) Safety, 2) Permanency, and 3) Well-Being. In addition, the department reported that out of the 821 recommendations, 56% (461) were fully implemented; 40% (331) were partially implemented; and 4% (29) were not implemented (with reasons explaining why unable to implement). The matrix below highlights the findings:

GOALS	No.	%	IMPLEMENTATION PROGRESS			IMPLEMENTATION BARRIERS			
			Full	Partial	None	DCFS	County	State	Federal
SAFETY	415	51%	257	145	13	2	4	6	1
PERMANENCY	141	17%	86	48	7	2	1	2	2
WELL-BEING	265	32%	118	138	9	2	2	5	0
Total	821	100%	461	331	29	6	7	13	3
%			56%	40%	4%	21%	24%	45%	10%

While the recommendation may appear to be valuable, the Department must consider operational and implementation limitations. For example, one recommendation called for establishing a regional Child Protection Hotline (CPH). DCFS determined that with the complexity of the Hotline calls, establishing regional CPHs was simply not administratively feasible and/or manageable. Another recommendation called for the creation of community-based satellite juvenile courts; this is under the jurisdiction of the state.

Proposal

In September of 2012, DCFS finalized their Strategic Plan which highlighted that by 2015, the department will practice a uniform service delivery model that measurably improves: **Child Safety, Permanency, and Access to Effective and Caring Service**. In the area of Child Safety, DCFS has prioritized the following initiatives with the overall goal of improving child safety.

1. **Core Practice Model** – Implementing the DCFS Core Practice Model to better integrate services of children and families throughout our communities.
2. **Placement Service Capacity** – Develop high quality and responsive placement resources for children in out-of-home care.
3. **Emergency Response Command Post (ERCP)** – Return ERCP to its core mission of providing comprehensive and responsive after hour operations that effectively provide protective services to children.
4. **Concurrent Planning** – Shorten timelines to permanency for children by simultaneously planning both safe family reunification and alternative legal permanence.

5. Partnerships and Collaborations – Foster effective caring community service programs on behalf of children and families.

Effectuating real change in a complex service delivery model, such as the Child Welfare System, requires focused effort, resources and long-term sustainability. The Blue Ribbon Commission concurs with many of the strategic initiatives outlined in the DCFS plan, such as: improving out-of-home placements, training social workers and staff from other County departments (such as DMH and DPH) on the Core Practice Model, and fostering partnerships and collaborations with community service programs. ***DCFS is committed to updating the Strategic Plan to incorporate all BRC recommendations, which are approved by the Board.***

- **BRC Recommendation 2** – The Board and County leadership must ***develop additional finely-tuned process and outcome measures***, other than tragic child fatalities, to assess system performance.

It is undisputable that tragic child fatalities are not the principal indicator to assess system performance. The California Department of Social Services (CDSS) and the Administration for Children and Families (ACF) under the Title IV-E Waiver Demonstration project, evaluate the overall DCFS system performance indicators and outcomes, such as:

PERFORMANCE INDICATORS	✓	July 2007	April 2014	National Standards	July 2007 Numbers	April 2014 Numbers
1. % of children who did not have a recurrence of maltreatment	✓	93.4%	94.2%	94.6%	8,829/ 9,457	12,879/ 13,678
2. % of children who did not experience maltreatment in DCFS foster care		99.81%	99.62%	99.68%	34,870/ 34,935	28,169/ 28,277
3. % of children who had a recurrence of maltreatment while in the home of their parent	✓	11.3%	10.5%	N/A	569/ 5,046	926/ 8,803
4. % of children reunified within 12 months	✓	61.3%	63.0%	75.2%	3,662/ 5,977	3,036/ 4,819
5. % of children who re-enter foster care following reunification		10.8%	13.0%	9.9%	705/ 6,555	756/ 5,805
6. % of children adoption within 24 months	✓	24.5%	27.0%	36.6%	531/ 2,163	347/ 1,283
7. % of children with 2 or fewer placements who have been in foster care for at least 24 months	✓	39.7%	42.6%	41.8%	5,498/ 13,836	3,368/ 7,915
8. Decrease out of home placement (Current data available -2/2014)	✓	20,708	15,967	N/A	N/A	N/A
9. Decrease group home population (Current data available -2/2014)	✓	1,305	973	N/A	N/A	N/A
10. Decrease average length of stay (Current data available -2/2014)	✓	1,329	619	N/A	N/A	N/A
11. Increase number of children who receive in-home services (Current data available - 2/2014)	✓	10,598	13,846	N/A	N/A	N/A

Note: While the total number of children in group homes increased slightly from March 2012 (1,034) through February 2014 (1,080), the number of children 0-12 years of age in group homes has decreased by 42% (171 in March 2012 to 99 in March 2014).

While these are only some of the measures used to identify the overall system performance, DCFS is committed to working with the Board and other key stakeholders in identifying other system performance indicators and measures. In addition, on a monthly basis the DCFS management team holds "DCFS STAT" meetings with mid- to upper-level managers to regularly and consistently monitor the Department's priority outcomes for the children and families of Los Angeles County. The data-driven management process includes collecting, disseminating and analyzing key quantitative statistics and qualitative information to identify and understand what is working well and what needs to be improved. By actively engaging mid- to upper-level managers in the ongoing learning discussions, the department crafts, refines and implements outcome improvement strategies based upon relevant and timely data. A similar process is carried on at each regional level and includes a review of actual case records to help improve practice and performance. Not only has the process proven effective in improving the department's outcome goals, it has increased teaming and collaboration within and between the regional offices; improved communication and understanding between management and line workers; and increased a sense of shared responsibility for the department's vision, mission and goals (Attachment II).

- **BRC Recommendation 3** – The County can measurably and immediately improve child safety by requiring all departments to *target combined resources and high quality services*, including prevention services, toward children under five.

The County will continue to work with all departments in the development and implementation of high quality service programs such as:

- **Katie A. (DMH)** – DMH has worked with the provider community to improve capacity and utilization of mental health services through Katie A. related contracts to provide the following services: Wraparound, Multidisciplinary Assessment Team (MAT), Treatment Foster Care, Comprehensive Children's Services Program, and Basic Mental Health Services.
- **Substance Abuse (SA) Access (F5)** – In collaboration with First 5 LA, DCFS, and DPH, SA Access provides substance use screening, brief intervention, referral and treatment services to parents and/or caregivers of children 0-5 and pregnant women with open DCFS cases. Services are delivered by a Substance Abuse Navigator (SA Navigator) stationed at every DCFS office. Approximately \$15 million will be invested over a three-year time period to provide: 1) a new referral system for screening, intervention and placement in substance abuse treatment programs; 2) recruit, hire, and train full-time "Substance Abuse Navigators" to screen for substance use disorders, provide brief intervention, referral and follow-up services at DCFS offices; and 3) provide substance use disorder treatment and recovery services and supportive services such as childcare, transportation and referrals. In

some offices, the program began as early as September 2012; however, countywide implementation formally began in February 2013. DCFS, DPH, and UCLA are currently developing an outcomes evaluation process.

- **Partnerships for Families (F5)** – In partnership with First 5 LA, DCFS, and community collaboratives, the initiative is designed to prevent child abuse by addressing gaps in the current child welfare system by reducing the number of families who are re-referred to DCFS and reducing the number of children and families entering into the child welfare system. The following program criteria identify who may qualify for community-based PFF services: (1) a pregnant woman who is victimized by domestic violence, substance abuse or depression; and/or (2) a family referred by DCFS for prevention services because the household includes one or more children ages 5 and under, and the family is classified as high or very high risk on the Structured Decision-Making Tool (SDM), a system used to assess risk of potential child abuse and neglect. Each of Los Angeles County's Service Planning Areas (SPAs) is served by PFF, which collaborates with other organizations to improve outcomes at the agency, family and community levels.
- **Early Childhood Obesity Prevention Initiatives (F5)** – First 5 LA, in partnership with DPH, designed the initiative to ensure that children in LA County maintain a healthy weight. The four year initiative - which launched in June 2012 - brings together a broad range of community partners to implement community-based public education, skills-building and environmental change to promote physical activity and healthy eating among children age 0-5 in Los Angeles County.
- **Infant Safe Sleeping Campaign (F5)** – In 2012, First 5 LA partnered with Los Angeles County Inter-Agency Council on Child Abuse and Neglect (ICAN) Associates for a two-year, \$1.5 million Infant Safe Sleeping Campaign to save families from the preventable loss of their infants due to unsafe sleeping practices. The goal is to educate LA County about the dangers of unsafe sleeping practices and offer safe sleep solutions for caregivers of infants up to 12 months old.

LAW ENFORCEMENT

Recommendations 4 and 6 are specific to the mandated obligation of law enforcement to investigate possible criminal behavior related to child safety and the importance of cross-reporting every child abuse allegation to DCFS. For purposes of this report back, the response for these two recommendations was combined.

- **BRC Recommendation 4** – All Sheriff's deputies and local *law enforcement agencies* within the County of Los Angeles *must cross-report every child abuse allegation to DCFS*, and required by State law. In addition, it should be *documented that a cross-report was made*, for example, in a police report or law enforcement log.

- **BRC Recommendation 6** – The *District Attorney's (DA) Office should increase its oversight of the law enforcement response and sharing of information, including cross-reporting* between DCFS and law enforcement agencies, to ensure that each agency carries out its mandated investigative response.

In 2009, the District Attorney's Office (DA), the Los Angeles Sheriff's Department, and DCFS jointly launched the Electronic Suspected Child Abuse Report System (E-SCARS). E-SCARS is a real time, web-based sharing application that facilitates fast and secure electronic transmission and receipt of Suspected Child Abuse Reports (SCARs) between reporters. The DA has the statutory oversight function over the project and has proposed the creation of the E-SCARS Unit within its Family Violence Division to perform this function.

Proposal

In their FY 2014-15 Budget Request, the DA identified a need for 1.0 Deputy District Attorney IV position to supervise the review and audit of E-SCARS resulting in the prosecution of child abuses cases, conduct regular trainings within the Department and the County, and oversee the operation of the E-SCARS Unit. In addition, 3.0 Paralegal positions are needed and will be responsible for monitoring the SCARs uploaded into E-SCARS, verifying the reports' validity and accuracy, communicating with the mandated reporters to resolve inconsistencies, and ensuring that all reports are updated accordingly. The cost of these additional positions is \$467,000. Upon Board approval, the CEO will incorporate these positions in fiscal year 2014-15 Final Changes.

- **BRC Recommendation 5** – *E-SCARS should be utilized fully* by all relevant agencies and receive necessary support to be *well-maintained and enhanced*.

In 2005, the Los Angeles County Quality and Productivity Commission (QPC) approved grant funding for the development of the Electronic Suspected Child Abuse Report System (E-SCARS). A joint project of DCFS, the Sheriff's Department and the District Attorney's Office, E-SCARS was developed and is a secure, web-based system linking DCFS with the Sheriff, all independent law enforcement agencies in the county and the District Attorney's office, enabling the immediate electronic cross reporting of mandatory Suspected Child Abuse Reports.

Since inception in 2009, there have been 257,004 SCARs submitted to E-SCARS countywide, with 63,683 (24.8%) of these SCARs updated as "**Crime Suspected**" by law enforcement agencies. Each agency has a flexible dashboard displaying links to its current SCARS as well as the ability to do historical analysis, run reports, etc. The data collected by E-SCARS thus not only pertains to individual agencies, but also enables a macro level analysis of SCARS countywide, facilitates trend analysis, comparison of agencies and their responses to SCARS, timeliness of response, provides various reports, etc.

Proposal

- **E-SCARS Enhancements** – Currently, although E-SCARS is functional, it is an aging system and requires maintenance and enhancement. Users of E-SCARS now number over 5,000, and the records and data elements in the E-SCARS database now total in the millions. Enhancements in the areas of module re-design to handle data more efficiently for faster loading and client searches; mobile device functionality to support the increasing use of smart phones and tablets; and operating system and browser compatibility to support new operating systems and web browsers have been identified. Cost: \$319,420
- **Ongoing Maintenance** – In addition to these needed enhancements, ongoing maintenance needs for ISD server costs, application software license fees, and staff support were also identified. Cost: \$147,667

DCFS, Sheriff and the DA have recently developed a preliminary cost proposal for the necessary enhancements and ongoing maintenance. In conjunction with our review of this proposal we have also shared this with the CIO. The preliminary estimate for the system enhancements and ongoing E-SCARS support and maintenance is \$467,000 and includes the hiring of one or more skilled programmers to make the necessary coding updates; and one senior level systems analyst to work with the programmers in overseeing these updates.

- **Recommendation 7** – To avoid any placement delays and improve child safety, *law enforcement and DCFS staff should be co-located*, or otherwise collaborate closely, to *increase the speed of background checks* for relatives and other potential caregivers.

Currently, there are a total of 25 DCFS social workers co-located at seven LAPD Divisions, seven LASD Stations and eight at independent law enforcement agencies.

At the February 4, 2014 Board meeting, the Board requested that the Sheriff's department collaborate with the Probation Department and DCFS on a plan to address the BAC's Interim recommendations that law enforcement co-locate with DCFS offices to facilitate the completion of background checks of potential caregivers for placement of foster youth, and report back to the Board in writing in 45 days regarding the feasibility of implementation including budgetary considerations.

On March 20, 2014, the Sheriff issued its report to the Board (Attachment III). As part of their assessment, the Sheriff collaborated with both DCFS and the Probation Department, and it was determined that there is no longer a backlog of emergency placement background checks. DCFS is now averaging 30 minutes to complete a background check, with no case taking more than three hours to complete. This is accomplished through a stronger relationship with the State of California Department of Justice, and a recently established process with the Probation Department to afford Children's Social Workers access to the California Law Enforcement Tracking System (CLETS) for timelier access to criminal background information on prospective relative caregivers during after-hours and on the weekends. These enhancements have

assisted DCFS in expediting safe child placements with relative and non-related extended family member caregivers. **Given the current staffing levels and these enhancements, additional staff for co-location is not deemed necessary at this time.**

HEALTH SERVICES

- **Recommendation 8a** – All children entering placement and *children under age one* whose cases are *investigated by DCFS should be screened at a Medical Hub*.

Currently, all children taken into temporary custody on nights and weekends are given a pre-placement non-invasive screening exam at the LAC+USC Medical Hub. All children placed in out-of-home care receive a comprehensive initial medical examination within 30 days of being detained.

It is estimated that an average of 1,475 medical screening exams per month would be required for children entering placement and children under age one whose cases are being investigated by DCFS. Currently, the LAC+USC Medical Hub conducts approximately 220 medical screening exams per month for children at the CWC, or about 15% of this total.

If the Board were to authorize the implementation of this recommendation:

- Children detained during regular business hours would receive their exams at the Medical Hub geographically aligned with the DCFS Regional Office; those detained on nights and weekends would receive exams at the 24/7 LAC+USC Medical Hub. Based on geographic distribution of cases, Olive View would have the smallest number of daily screens, approximately five per day. LAC+USC would have the highest amount of approximately 20 additional exams per day.
- Each Medical Hub would have a team consisting of .5 to 1.0 FTE Nurse Practitioner and LVN dedicated to conducting screening exams.
- Each Hub will identify a single exam room to be used primarily to conduct screening exams for DCFS detained children or will distribute exams within the clinic's daily workflow to cover volume so that DCFS children would be seen in a timely manner.

While the recommendation states all children whose cases are being investigated, DCFS only has the authority to conduct medical screening for children taken into temporary custody.

Currently, SB909 is being amended to clarify this existing law. SB909 states that social workers are authorized to request a noninvasive initial medical, dental and mental health screening of a child in temporary custody, without parental consent or a court order.

Therefore, of the 150,000 children investigated by DCFS on an annual basis, 11,000 children or 7.3% would receive a medical screening. In other words, a medical screening will not be conducted in those cases where the abuse allegations do not warrant a child to be taken into custody.

DCFS investigation of some cases of suspected child physical abuse, sexual abuse, or neglect, benefit from the opinion of a medical provider with specialized training in detecting and treating child abuse injuries. Consultation should occur between DCFS and the Medical Hubs pursuant to applicable laws, including Welfare and Institutions Code (WIC) 324.5 to determine the appropriateness of a forensic evaluation and the timeframe within which such an exam should be concluded. The results of the medical screening and forensic exam are one of the several components of a DCFS investigation into suspected child abuse or neglect; and are one of the various tools used in case planning.

Implementation Considerations for DCFS

- DCFS would need to determine the impact on the DCFS caseload as the CSWs would now need to spend a considerable amount of time traveling to the appropriate Medical Hub and waiting for the exam to be conducted.
- The Department would have to track the unintended consequences to the Child Welcome Center and Youth Welcome Center as children who are picked up late in the day, who cannot be seen on the same day at the appropriate Medical Hub, would end up at the LAC+USC Medical Hub. Therefore, the department would have to closely monitor capacity at the Child Welcome Center and Youth Welcome Center.

Financial Impact: It is projected that the total cost to DHS would be \$1,354,000; 720K for Medical Hub staffing, and \$634K for ancillary and indirect cost. However, this cost would be offset by some Medi-Cal reimbursements, if detained children were switched immediately to Fee for Service (FFS) Medi-Cal so that we could bill for the pre-screening.

Recommendations: As with any large scale system change, there are always policy and operational considerations that need to be addressed. DCFS should pilot the implementation of this recommendation, iron out all the complexities, determine total cost, and track the impact to the caseload before implementing this Countywide.

- **Recommendation 8b - Children placed in out-of-home care or served by DCFS in their homes should have ongoing health care provided by physicians at the Medical Hubs.**

We understand that children need to be healthy in order to reach their full potential. We also believe that children in foster care can benefit from receiving continuity of care and coordination of all their health care needs. However, in order to comply with state and federal law, **we can only support partial implementation of this recommendation.** DCFS has the authority to coordinate the care of a minor **only when the minor has been taken into protective custody (out-of-home).** State law (e.g. WIC Code 369) clearly demonstrates, that except in limited situations, parents retain the right to arrange their **child's** medical care even when their child has been taken into protective custody. While Medicaid regulations stipulates that beneficiaries have freedom of choice in selecting their Medicaid provider, Medi-Cal regulations indicate a child who is in temporary custody is entitled to receive Medi-Cal fee for

service coverage. At issue, is whether or not DCFS can make the determination to change the child's coverage to Medi-Cal in all instances.

Proposal

As of March 2014, DCFS had a total of 17,727 foster children in out of home placement of which: 6% or 1,088 were placed in Group Homes, 52% or 9,263 were placed in relative homes, and 42% were in Foster Care. There are seven Medical Hubs located countywide. However, in a County as large as Los Angeles, the number and location of the Medical Hubs are not geographically matched with the transportation needs of all relative and foster caregivers. Furthermore, there are some relative and foster caregivers who have relationships for the medical care of their biological children established with well-reputed community providers.

We recommend that DCFS:

- Work in collaboration with DHS and group home providers to enroll children into the DHS medical homes at the Medical Hubs. DHS will to the extent possible, leverage existing capacity within DHS pediatric outpatient clinics for both providers and exam room space to reduce the need for additional staffing and space cost. It is estimated that children empaneled at the Medical Hubs for continuity of care will visit the Medical Hubs on average four times per year.
- Work with relative caregivers and foster care providers to develop a plan so that children under their care attend a Medical Hub, or are seen by a medical provider regularly.

Finally, once these plans are developed, DCFS and DHS will need to: 1) determine whether additional resources are required, and 2) develop a process for ensuring that DHS costs are reimbursed for those children who are not eligible for Medi-Cal Fee for Service.

- **Recommendation 9 – A Public Health Nurse should be paired with DCFS Social Worker in Child Abuse or Neglect Investigations of *all children from birth to at least age one*.**

We concur that it would be beneficial to have a Public Health Nurse (PHN) accompanying the DCFS CSW on investigations specifically as it relates to children from birth to at least one. Currently, 57 DCFS-PHNs are assigned to Regional Offices and accompany CSWs on home visits and provide initial and follow-up consultations for children. On average, these PHNs accompany CSWs on 500 home visits and provide 4,592 consults each month related to investigations of allegations that include a medical or developmental problem.

The DCFS Joint Response Referral policy requires that a consultation take place between the **Children's** Social Worker (CSW) and a PHN to assess the health needs of the child and family; and to determine the most appropriate nursing interventions required to meet the health and safety needs of referred children. Some interventions may include, but are not limited to, jointly visiting a child in a DCFS Regional Office or in the **child's** home, hospital or school;

obtaining medical records, interpreting medical information and referring children to appropriate community agencies.

PHNs and CSWs collaborate on plans to protect children while preserving the family whenever possible. During a joint visit, PHNs use their observation and interviewing skills to identify a child's and his/her siblings' immediate and potential needs related to general physical, nutritional and developmental health; home environment; and family status. Joint visits are conducted when a medical or developmental problem is suspected or identified, either by the CSW and/or the PHN during a consultation. Once a joint visit is completed, PHNs create a permanent record by entering the information gathered into the child's HEP. Then, CSWs and PHNs collaborate to identify signs of physical abuse; PHNs refer children for expert evaluations and treatment; and link children with medical conditions with appropriate follow-up services. In the event a child's health care providers have varying opinions, PHNs clarify their skilled observations related to health or developmental concerns.

Proposal

Pairing a Social Worker with a PHN Nurse • If the Board adopts this recommendation, DCFS would need to identify the total number of children, under age one and under, whose investigation is not related to medical and or developmental problems. During calendar year 2013, 12,089 children, age one and under, were referred for in-person investigations pertaining to suspected child abuse and neglect. DCFS would need to determine how many of the 12,089 children were not seen by a PHN nurse for medical and or development problems. By estimating the total number, DCFS will need to determine whether additional resources are required.

Consolidating the Administration of Public Health Nurses - The Governor's 2014-2015 Budget realigns the funding for the Health Care Program for Children in Foster Care to county welfare agencies. The transition is expected to occur effective July 1, 2015. Official notice in the form of an *All County Information Notice* from the California Department of Social Services (CDSS) is forthcoming soon. Essentially, beginning July 1, 2015, the PHN program will no longer be funded through CDSS and the California Department of Health Care Services, rather, funds will be allocated to counties through the Local Revenue Fund for the purpose of meeting state and federal requirements. Counties may continue to use the existing public health nurses to meet the ongoing program mandates. It is anticipated that county departments of public health and child welfare may need to create new Memoranda of Understanding defining respective roles and responsibilities to meet state and federal program requirements. **In preparation, we recommend that the CEO develops a proposal that consolidates the Public Health Nursing Program under the administration of one County department.** The proposal should clearly delineate PHN roles and responsibilities, performance outcomes and measures.

- **Recommendation 10** – The Department of Public Health's evidence-based *home visit service* should be made available to all *children under age one* who are *seen at a Medical Hub*.

The DPH evidenced-based Nurse Family Partnership (NFP) Program enrolls first-time pregnant clients into this program before their 26 week of pregnancy to promote safe prenatal care and to teach protective parenting skills before a *child's* birth. The program assesses for critical complications of pregnancy, perinatal depression, early onset of mental illness, domestic violence and other issues that add risk to a normal trajectory for child development and that could contribute to child abuse and neglect. The NFP program encourages expectant teen participants to develop a life plan, complete school, or gain employment. All children born to at-risk NFP-served mothers are followed until they reach the age of two years old, receive periodic physical and developmental assessments, and are evaluated at all 50+ visits for signs of physical, mental and developmental progress.

Proposal

Given that the NFP program is restricted to pregnant clients; it is not feasible to expand this program to all children under the age of one who are seen at a Medical Hub. As reported by DCFS in their January 23, 2014 report back to the Board, DCFS is represented on the Los Angeles **County's** Prenatal and Early Childhood Home Visiting Consortium. Through this Home Visiting Consortium, coordination of home services and establishing policies and standards to promote quality within home visitation programs will offer alternative home visitation services that will be coordinated through the 2-1-1 Information Line. Through this collaborative, a community based network of home visiting programs will be coordinated and strengthened to help support the self-sufficiency and strengthening of new and young at risk families.

Attachment II
DCFS STAT Report



Los Angeles County
Department of Children and Family Services
DCFS Stat ~ Cohort 30
April 16, 2014



Los Angeles County Department of Children and Family Services

Vision:

Children thrive in safe families and supportive communities.

Mission:

By 2015 DCFS will practice a uniform service delivery model that measurably improves:

- **Child Safety**
- **Permanency**
- **Access to effective and caring services**



Los Angeles County
Department of Children and Family Services
DCFS Stat - Cohort 30
April 16, 2014



Cohort 30 Meeting Wednesday April 16, 2014 SAFETY MEASURE									
Indicator	***1.No Recurrence of Maltreatment (\$1.1)	**2a.No Maltreatment in Foster Care (\$2.1)	2b.No Maltreatment in Home	3a.Timely Response (IR)	3b.Timely Response (2B)	4a.Timely Contacts: Referrals	4b.Timely Contacts: Cases	5.Timely Disposition: Referrals Over 30 Days	
Scaling	Q<=84.5 90<=84.5 R<=90	Q<=99.88 90.8<=99.88 R<=99.5	Q<=97.5 97<=97.5 R<=97	Q<=98 98<=98 R<=98	Q<=94 90<=94 R<=94	Q<=70 50<=70 R<=60	Q<=85 80<=85 R<=85	Q<=30 30<=30 R<=30	
Department	94.64	99.91	99.51	96.72	91.95	58.16	94.99	36.92	
Services Bureau 1									
American Indian	100.00	100.00	100.00	N/A	N/A	57.14	97.87	0.00	
Asian Pacific	95.45	99.48	99.66	100.00	100.00	37.68	98.75	27.83	
Deaf Services Unit	92.86	100.00	100.00	100.00	100.00	61.90	96.91	23.81	
El Monte	100.00	100.00	99.64	100.00	98.28	79.33	96.02	14.29	
Glendora	93.90	99.77	99.14	100.00	95.30	83.39	97.48	11.05	
Lancaster	93.55	99.63	99.52	94.29	96.21	58.52	94.43	33.41	
Metro North	87.14	100.00	99.35	98.67	93.48	47.93	96.51	43.74	
Palmdale	90.27	99.90	99.06	93.10	81.60	35.29	96.40	63.90	
Pasadena	95.95	99.70	99.78	98.99	92.83	58.69	83.94	10.77	
Pomona	95.08	100.00	99.30	94.29	96.77	70.49	96.75	8.29	
San Fernando Valley	90.85	100.00	99.30	95.80	94.61	79.10	97.68	14.67	
Santa Clarita	93.98	99.86	99.71	98.77	94.93	76.82	94.72	3.97	
West LA	95.35	99.73	99.44	100.00	90.35	31.61	84.21	43.39	
West SFV	90.16	100.00	99.16	98.44	96.09	70.24	93.55	13.13	
Services Bureau 2									
Belvedere	97.97	99.92	99.64	95.37	92.42	48.33	97.41	47.72	
Compton	95.56	100.00	99.19	92.86	90.64	38.94	93.12	56.12	
Santa Fe Springs	93.28	99.92	100.00	95.60	88.89	60.61	95.75	29.53	
South County	95.83	100.00	99.77	94.17	88.10	53.67	97.25	43.72	
Torrance	96.47	100.00	99.50	93.46	84.65	38.61	96.45	42.97	
Vermont Corridor	93.88	99.95	99.77	95.50	89.71	42.66	95.45	40.90	
Watledge	99.02	99.90	99.30	99.26	93.61	60.75	93.24	47.45	
Bureau of Clinical Resources and Services									
MCMS	N/A	100.00	100.00	100.00	N/A	N/A	99.13	0.00	
Bureau of Juvenile Court and Adoption									
Adoption	N/A	100.00	100.00	N/A	N/A	N/A	100.00	N/A	
Bureau of Specialized Response Services									
ERCP	97.46	100.00	100.00	99.13	100.00	95.36	80.00	1.29	
MART	96.30	100.00	100.00	100.00	100.00	76.04	85.19	28.07	
~ Data Frozen as of 3.10.14 *Denotes - State Measure ** Denotes - Federal Measure = Five or > green sections									Total # of Stars 13

Data Source : DCFS CWS/CMS Datamart



Los Angeles County
Department of Children and Family Services
DCFS Stat - Cohort 30
April 16, 2014



Cohort 30 Meeting
Wednesday, April 16, 2014
PERMANENCY MEASURE

Indicator	1. Foster Care Entry (Removal)	1a. Foster Care Entry (Removal) with Timely TDM	**2a. Exit to Reunification within 12 months (Entry Cohort) (C1.1)	**2b. Exit to Permanency (24+ Months in Care) (C3.1)	4. Exit to Perm. (Exit Cohort)	**4a. Exit to Reunification within 12 months (Exit Cohort) (C1.1)	**4b. Exit to Adoption within 24 months (Exit Cohort) (C2.1)	4c. Exit to Guardianship within 24 months (Exit Cohort)	**5. Re-entry into Foster Care (C1.4)	**6a. Placement Stability 0-12 Months (C4.1)	**6b. Placement Stability 12-24 Months (C4.2 KA)	**6c. Placement Stability Over 24 Months (C4.3 KA)
Scoring	G=0.15 3.5-4.0 R=1.0	G=0.03 25-40.0 R=25.0	G=0.15 40-49.4 R=40.0	G=0.01 17.0-20.1 R=17.0	G=0.10 66.0-81.0 R=73.0	G=0.10 64-73.2 R=68.0	G=0.10 11.0-26.6 R=11.0	G=0.10 50.0-73.0 R=50.0	G=0.10 9.0-14.0 R=14.0	G=0.10 84.0-94.0 R=84.0	G=0.10 92.0-94.0 R=92.0	G=0.10 79.0-82.0 R=79.0
Department	4.54	18.71	34.93	22.81	87.14	57.53	28.97	63.95	10.01	89.65	93.79	79.58
Services Bureau 1												
American Indian	N/A	N/A	20.00	3.03	80.00	0.00	0.00	100.00	0.00	100.00	N/A	63.64
Asian Pacific	3.23	0.00	45.59	20.59	90.00	59.09	33.33	100.00	0.00	94.29	66.67	67.65
Deaf Services Unit	0.00	N/A	0.00	15.79	77.78	0.00	N/A	N/A	0.00	N/A	100.00	52.63
El Monte	2.15	0.00	30.43	21.74	90.00	10.53	21.43	50.00	0.00	100.00	94.44	83.70
Glendora	3.67	38.89	32.95	21.37	81.36	51.92	29.03	41.67	9.43	100.00	100.00	79.27
Lancaster	7.22	2.56	37.50	22.60	85.19	69.57	7.14	57.14	13.33	89.47	100.00	73.97
Meiro North	3.86	3.57	38.46	26.54	91.41	54.76	21.74	50.00	8.93	85.29	88.37	82.31
Palmdale	5.14	40.91	46.25	27.33	78.26	68.00	10.00	76.47	20.24	89.58	95.65	78.49
Pasadena	2.47	6.25	27.91	17.15	88.68	38.98	24.00	70.00	14.77	90.00	96.77	76.64
Pomona	5.52	63.75	51.61	19.77	85.19	45.45	25.00	50.00	10.87	100.00	100.00	75.29
SFV	5.61	40.00	33.04	28.52	88.72	70.24	34.62	66.67	11.43	81.82	93.94	75.70
Santa Clarita	4.74	10.00	31.82	31.77	91.43	68.33	50.00	37.50	8.97	91.43	92.86	78.13
West LA	1.25	50.00	37.04	20.86	82.22	86.36	42.86	N/A	6.25	75.00	100.00	84.89
West SFV	1.33	33.33	30.30	42.50	88.73	67.35	40.00	77.78	6.25	94.74	100.00	75.83
Services Bureau 2												
Belvedere	4.02	3.57	33.82	30.97	83.59	58.67	22.73	25.00	3.51	96.08	84.48	83.87
Compton	3.36	5.56	44.23	25.73	81.45	64.38	11.76	80.00	12.86	80.00	96.97	80.14
SF Springs	4.93	33.33	28.15	25.84	90.85	60.22	33.33	93.75	16.25	88.14	92.11	77.85
South County	6.56	26.92	40.85	20.81	92.79	58.91	40.48	66.67	9.60	88.24	93.05	82.54
Torrance	2.79	17.05	32.20	19.93	85.39	40.00	38.89	100.00	14.63	96.43	92.86	82.39
Vermont Corridor	6.79	0.00	20.71	19.31	83.22	50.00	27.27	66.67	5.45	86.44	100.00	80.52
Wateridge	3.10	22.22	37.04	18.55	87.96	64.84	26.92	51.52	7.75	88.57	89.83	77.58
Bureau of Clinical Resources and Services												
MCMS	0.00	N/A	22.86	13.93	90.00	36.36	7.69	0.00	0.80	100.00	100.00	93.03
Bureau of Juvenile Court and Adoption												
Adoption	N/A	N/A	0.00	0.00	100.00	N/A	0.00	N/A	0.88	100.00	100.00	25.00
Bureau of Specialized Response Services												
ERCP +	2.44	0.00	33.33	N/A	N/A	N/A	N/A	N/A	4.17	100.00	N/A	N/A
MART	48.48	0.00	100.00	N/A	100.00	100.00	N/A	N/A	20.00	100.00	N/A	N/A
- Data Frozen as of 3.10.14 **Denotes -Federal Measure (KA with Katie A methodology)												
+ denotes office reporting out												
= Seven or > green sections												
Total # of Stars												1

Data Source : DCFS CWS/CMS Datamart



Los Angeles County
Department of Children and Family Services
DCFS Stat - Cohort 30
April 16, 2014



Cohort 30 Meeting Wednesday, April 16, 2014 WELL-BEING MEASURE							
Indicator	1. Timely Medical Exam (65-69) (60-Yr-64) (R-40)	2. Timely Dental Exam (65-69) (60-Yr-64) (R-40)	3. Sibling Placement (65-67) (70-Yr-77) (R-43)	4. Placement with Relatives (65-69) (42-Yr-46) (R-46)	5a. Mental Health Screening - Newly Detained (65-69) (42-Yr-46) (R-46)	5b. Mental Health Screening - Newly Opened Non-Detained (65-69) (42-Yr-46) (R-46)	5c. Mental Health Screening - Existing Open Cases (65-69) (42-Yr-46) (R-46)
Scaling	63.44	55.59	71.25	47.76	94.20	89.24	73.53
Department							
Services Bureau 1							
American Indian	81.33	74.24	68.33	N/A	N/A	N/A	100.00
Asian Pacific	78.15	74.79	73.03	60.00	100.00	100.00	N/A
Deaf Services Unit	81.48	77.78	77.14	N/A	N/A	100.00	N/A
El Monte	68.12	59.33	78.79	65.00	100.00	100.00	N/A
Glendora	79.63	76.28	73.57	43.24	100.00	100.00	100.00
Lancaster	46.44	34.33	71.62	58.33	76.67	50.77	N/A
Metrol North	54.05	44.49	71.21	35.71	100.00	78.08	75.00
Palmdale	59.58	41.29	72.48	47.62	97.06	90.12	N/A
Pasadena	68.51	61.84	76.56	55.56	97.22	95.65	33.33
Pomona	80.63	74.70	74.02	46.15	100.00	87.18	N/A
San Fernando Valley	60.02	54.18	74.62	66.67	100.00	100.00	100.00
Santa Clarita	79.00	70.63	73.12	54.55	100.00	98.68	N/A
West LA	41.73	33.01	64.67	31.25	60.00	100.00	100.00
West SFV	59.88	49.15	71.76	44.44	100.00	100.00	100.00
Services Bureau 2							
Bolton	74.10	67.33	76.26	54.39	84.21	87.80	50.00
Compton	66.34	60.00	68.94	44.74	82.35	69.57	100.00
Santa Fe Springs	74.06	70.18	70.25	60.00	100.00	91.55	100.00
South County	84.31	78.25	72.87	33.90	100.00	86.05	50.00
Torrance	49.86	45.01	72.99	58.33	100.00	95.00	100.00
Vermont Corridor	50.35	47.07	68.11	31.37	97.14	100.00	N/A
Watledge	43.34	27.05	64.14	43.18	89.23	91.07	0.00
Bureau of Clinical Resources and Services							
MCMS	70.29	59.02	43.24	0.00	100.00	N/A	N/A
Bureau of Juvenile Court and Adoption							
Adoption	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Bureau of Specialized Response Services							
ERCP	100.00	0.00	N/A	N/A	N/A	N/A	N/A
MART	N/A	N/A	77.78	56.67	N/A	N/A	N/A
+Bureau Office(s) reported out Cohort 28 - Data frozen as of 3.10.14							Total # of Stars 2

Data Source : DCFS CWS/CMS Datamart

= Four or > green sections

Attachment III

Sheriff's Response to Collaborate with Probation and DCFS



JOHN L. SCOTT, SHERIFF

County of Los Angeles
Sheriff's Department Headquarters
4700 Ramona Boulevard
Monterey Park, California 91754-2169



March 20, 2014

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
Los Angeles, California 90012

Dear Supervisors:

**LOS ANGELES COUNTY SHERIFF'S DEPARTMENT RESPONSE TO
COLLABORATE WITH THE LOS ANGELES COUNTY PROBATION DEPARTMENT
AND THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

SUBJECT

The Los Angeles County Sheriff's Department (Department) has reviewed the Blue Ribbon Commission on Child Protection's (BRCCP) request for the Department to collaborate with the Los Angeles County Probation Department (Probation) and the Department of Children and Family Services (DCFS) with the assistance of the Chief Executive Office (CEO) to address the Board of Supervisors' Motion number 5, requiring law enforcement to co-locate within DCFS offices to facilitate completion of background checks of potential caregivers for children placed by DCFS.

SUMMARY

The Department contacted DCFS and Probation regarding inter-departmental cooperation for the purposes of co-locating to provide background checks of potential caregivers of children. Since the publication of the BRCCP, DCFS no longer has a backlog of emergency placement background checks. They are now averaging 30 minutes to complete a background, with no case taking longer than 3 hours. DCFS was able to remedy the backlog with a renewed relationship with the California State Department of Justice (DOJ), and an after-hours background check Memorandum of Agreement (MOA) with Probation. The Department, Probation, and DCFS do not see a benefit to co-locating an outside agency inside a DCFS facility for the purposes of

A Tradition of Service

providing background checks. Background checks can easily be done off-site at the Department, Probation, or DOJ facility without any loss in service or quality.

DEPARTMENT RESPONSE

For several years, the Department provided the necessary background checks for DCFS. This service was provided by a special unit within the Department's Records and Identification Bureau (RIB) and was funded by DCFS. Approximately 15 years ago, DCFS requested cessation of this service by the Department in favor of using DOJ. The unit within RIB was disbanded and the budgeted items were eliminated because this unit was no longer funded by DCFS.

In late 2010, DCFS approached the Department to once again provide background information checks for DCFS. A Memorandum of Understanding (MOU) was submitted by DCFS to the Department and discussions were held. During these discussions, a staffing model was proposed by the Department to DCFS to recreate the Department's unit. Prior to the MOU being agreed upon, DCFS entered into an agreement with Probation to provide background information.

The Department has several concerns with the recommendation to co-locate a Department employee within DCFS for the purposes of providing background information. Penal Code Section 11105 is specific as to why someone can request background information from the California Law Enforcement Telecommunications System (CLETS) to access an individual's arrest records and convictions. Only law enforcement personnel with the appropriate training may use this system. To ensure and verify that the appropriate and correct information is requested and being issued to DCFS, a Department supervisor shall be present to monitor the productivity of Department personnel (law enforcement). Staffing a lone Department employee in a DCFS facility is not recommended. The Department recommends any staffing for the purposes of providing background checks for DCFS to be conducted out of our RIB offices. This would allow us to quickly adapt to fluctuations in requests for service and provide proper supervision.

In addition, DCFS provided the Department with statistical information for 2010. Of the 15 days of statistical information provided, DCFS averaged in excess of 530 emergency placements each day, which is now estimated to be over 700. Backgrounds for this number of emergency placements would far exceed a co-located persons' capabilities, and would make the CLETS vulnerable to misuse. The Department believes a staffing model similar to the one created in 2010 should be developed to adequately address DCFS' workload. The proposed staffing model should be based on an agreed upon workload. The Department will have sufficient personnel assigned to each shift to run background checks for emergency placements by DCFS. In addition, a supervisor will

The Honorable Board of Supervisors
March 20, 2014
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be present to ensure the quality and security of the information requested and for prioritizing incoming requests. The attached proposal is for a 24/7 model based on 200 emergency background checks a day. These figures can be scaled up or down based on a shared workload. All costs associated with the listed items are current as of March 2014.

In the interest of providing services, which benefit and protect the children of Los Angeles County (County) and in the spirit of County inter-departmental cooperation, the Department is willing to re-enter into discussions to facilitate completion of background checks for potential caregivers for the placement of children. However, DCFS appears to no longer need those services.

Sincerely,

A handwritten signature in blue ink, appearing to read "John L. Scott", with a stylized flourish at the end.

JOHN L. SCOTT
SHERIFF

JLS:DSS:ds

**SHERIFF'S DEPARTMENT - RECORDS AND IDENTIFICATION BUREAU
PROPOSAL TO DEPARTMENT OF CHILDREN AND FAMILY SERVICES
For 200 CLETS/RAP SHEETS PER DAY - OPERATED 24 HOURS / DAY, 7 DAYS / WEEK**

FY 2014-15 COST ESTIMATE AS OF MARCH 13, 2014

	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6
ITEM NAME	BUDGET POSITION	ANNUAL SALARY PER ITEM	ANNUAL SALARIES (Col. 1 x Col. 2)	EMPLOYEE BENEFITS (Col. 3 x 52.867%)	DEPARTMENT/ COUNTY OVERHEAD (Col. 3 x 17.409%)	TOTAL COST (Col. 3 + Col. 4 + Col. 5)
(A) SALARIES AND EMPLOYEE BENEFITS (\$8EB)						
OPERATIONS ASSISTANT II, SHERIFF	1.0	\$59,577	\$59,577	\$31,020	\$10,367	\$100,964
SUPERVISING RECORDS SYSTEM CLERK, SHERIFF	5.0	51,805	257,925	134,086	44,812	436,823
RECORDS SYSTEM CLERK III, SHERIFF	5.0	47,495	237,475	123,646	41,223	402,403
RECORDS SYSTEM CLERK II, SHERIFF	3.0	45,020	135,059	70,321	23,502	228,882
SUBTOTAL - \$8EB	14.0		\$689,636	\$359,073	\$120,004	\$1,168,712
(B) SERVICES AND SUPPLIES						
OPERATING SERVICES & SUPPLIES - 3% (Col. 3 x 3%)						\$20,689
GRAND TOTAL						\$1,189,000

* These totals do not include the salary / cost of living allowance increase.